



# Vitals Aware Services

## Client Profile (Child)

### Personal Data Questionnaire

#### **CLIENT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Phone  
number(s): \_\_\_\_\_  
School  
Attending: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex ☐ Male ☐ Female Race \_\_\_\_\_  
  
Nickname(s): \_\_\_\_\_  
  
Diagnosis: \_\_\_\_\_

#### **CAREGIVER(S) INFORMATION:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to  
Client: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to  
Client: \_\_\_\_\_

Other persons the client might contact: \_\_\_\_\_

---

## **PHYSICAL DESCRIPTION**

Height:		Weight:		Build:	
Hair Color:		Hair Style:		Eye Color:	
Complexion:					
Briefly describe any distinguishing scars, marks or tattoos:					

General

Appearance: \_\_\_\_\_

If client does not understand English, what language is understood? \_\_\_\_\_

Does client wear glasses? ☐ Yes ☐ No Does client wear hearing aid(s) ☐ Yes ☐ No

## **HEALTH CONDITION**

Any known physical handicaps? \_\_\_\_\_

Any known medical problems? \_\_\_\_\_

List medications taken regularly and dosage: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## **EXPERIENCE**

Has client ever wandered off? ☐ Yes ☐ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Located by searchers or returned home on own? \_\_\_\_\_

## **HABITS**

Interests: \_\_\_\_\_

☐ Outgoing ☐ Quiet Likes: ☐ Groups ☐ Would rather be alone

Which family member is client closest to? \_\_\_\_\_

Client is afraid of:

Dogs ☐ Yes ☐ No The dark ☐ Yes ☐ No Noises ☐ Yes ☐ No People ☐ Yes ☐ No

Other (explain)? \_\_\_\_\_

What actions does client take when hurt or frightened? (cry, shout, etc?)	
---	--

Will client talk to strangers? ☐ Yes ☐ No

Is client dangerous to himself/herself/others? ☐ Yes ☐ No

How well does the client communicate verbally?

☐ Not at all
 ☐ Poor
 ☐ Fair
 ☐ Good
 ☐ Excellent

Does the client wear an ID Bracelet? ☐ Yes ☐ No

Are there any other devices currently being used to track this client? (i.e., find my iphone, GPS devices, AngelSense, etc.) ☐ Yes ☐ No (please list below if answer is “yes”)

---



---

By signing below, the caregiver agrees to enroll their loved one (named on page 1 of this questionnaire under “client information”) in the Folsom Police Department’s Vitals Aware Services Program. In doing so, the caregiver will receive one free beacon for the client. Changing of the batteries within the beacons are the caregiver’s responsibility. Batteries within the beacons can last anywhere from 5 months to one year depending on the beacon utilized. Should this beacon become lost or damaged, it is the caregiver’s responsibility to contact Vitals Aware Services at 612-599-7595 for a replacement beacon at their cost. (Average cost of a replacement beacon is \$20-\$25 depending on the beacon)

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date